| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  Application or Docket Number  09/846,72  C 5/1-0-00 |  |   |                    |                    |   |                  |          |                        |                        |    |                     |   | 1  |  |
|---|--|---|--------------------|--------------------|---|------------------|----------|------------------------|------------------------|----|---------------------|---|----|--|
|   |  | CLAIMS AS                                   | (Column            | - 5.               | 200                                       | mn 2)            | SMA      |                        | ATITY                  | OR | OTHER               |   |    |  |
| TOTAL CLAIMS  |  |   | 30                 |                    |   |                  | RA       | TE                     | FEE                    | 1  | RATE                | FEE                                     |    |  |
| OR  |  |   | NUMBER FILEO       |                    | NUMBER EXTRA                              |                  | BASI     | C FEE                  | 355.00                 | OR | Basic FEE           | 710.00                                  |    |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 30 minus 20=       |                    | . 10                                      |                  | XS       | X\$ 9= 90              |                        | OR | X\$18=              | 180                                     |    |  |
| NDEPENDENT CLAIMS   |  |   | <i>3</i> minus 3 = |                    | . 6                                       |                  | X4       | 0=                     |                        | OR | Váa                 |   |    |  |
| AULTIPLE DEPENDENT CLAIM PR   |  |   | RESENT             |                    |   |                  | +135=    |                        |                        | OR |                     | /                                       |    |  |
| If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |                    |                    |   | olumn 2          |          | TAL                    | 47                     | OR |                     | 290                                     | 1  |  |
| GLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |  |   |                    |                    |   |                  |          |                        | LL ENTITY              |    | OTHER<br>SMALL      | THAN                                    |    |  |
|   | ,  | CLAIMS REMAINING AFTER AMENDMENT            |                    | PREVI              | HEST<br>IBER<br>OUSLY<br>FOR              | PRESENT<br>EXTRA | R/       | TE                     | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE                  | AL |  |
| AMENUMENIA  | Total  | · 31  | Minus              | -30                |   | - /              | XS       | 9=                     |                        | OR | X\$18=              | :                                       |    |  |
|   | Independent                                    | • 3   | Minus              |                    | 3   | =,               | X4       | lO=                    |                        | OR | X80=                | ·                                       | 1  |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                    |                    |   |                  |          | 26-                    |                        | 1  | 070                 | 1                                       | 1  |  |
| 1   | 1/02/08  |   |                    |                    |   |                  | <u> </u> | 35=<br>TOTAL<br>T. FEE |                        | OR | TOTAL<br>ADDIT. FEE |   |    |  |
| 7   | 1240   | (Column 1)<br>CLAIMS                        |                    |                    | imn 2)<br>Hest                            | (Column 3)       |          |                        | 4801                   | 1  |                     | 4004                                    | 1  |  |
| ·   |  | REMAINING<br>AFTER<br>AMENDMENT             |                    | NUA<br>PREV        | MBER<br>HOUSLY<br>FOR                     | PRESENT          | R/       | TE                     | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE                  | ŀ  |  |
|   | Total  | .3/   | Minus              | 3                  |   |                  | - X5     | 9=                     |                        | OR | X\$18=              | . • • · · · · · · · · · · · · · · · · · | ľ  |  |
|   | Independent                                    | . 3   | Minus              | •••                | 3_  | = /              | X4       | 10=                    |                        | OR | X80=                |   | 1  |  |
| ί<br>-  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                    |                    |   |                  | 1 1      | 35=                    |                        | OR | +270=               |   | 1  |  |
| , (   |  |   |                    | ICAL.              | .ma 21                                    | (Column 3)       | ADDI     | TOTAL<br>T. FEE        |                        | OR | TOTAL ADDIT. FEE    |   | 1  |  |
|   |  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                    | HIG<br>NUI<br>PREV | umn 2)<br>HEST<br>MBER<br>NOUSLY<br>D FOR | PRESENT<br>EXTRA | $\Gamma$ | ATE.                   | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE                  |    |  |
| Ē   | Total  | •   | Minus              | ••                 |   | =                | . XS     |                        |                        |    | X\$18=              | ì                                       | 1. |  |

" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Minus'

ADDIT. FEE ADDIT. FEE ""If the "Highest Number Previously Paid For IN THIS SPACE is fess than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

--+

FORM PTO-675 (Rev. 8/00)

Independent

OR

OR

OR

X80=

+270=

TOTAL

X40=

+135=

TOTAL